Rocky Mountain College 2015 Summer Camp Registration & Emergency Consent Form
(form for summer camp registration only)

CALL 657-1035 FOR SWIM REGISTRATIONS

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Age</th>
<th>Grade</th>
<th>Medical Alert y/n</th>
<th>Description</th>
<th>Fee</th>
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Address
City, ST, Zip code
Home phone
Work phone
Cell phone
Emergency phone

Medical Information (describe in detail)

Payment options:
- [ ] Cash
- [ ] Check (make payable to Rocky Mountain College)
- [ ] Credit card (Visa, Master Card, Discover)

T-shirt size
Youth XS S M L
Adult XS S M L

Send form and payment to:
Rocky Mountain College
Attn: Deb Faw
1511 Poly Drive Billings, MT 59012
Office: 657-1040 Fax: 657-1197

Signature X

AUTHORIZATION
I understand by the nature of the activity there is a possibility of accident, and I assume the risk and responsibility while my child attends the summer camp. I, as parent/guardian of a minor camper, consent to emergency care to be administered to the minor as deemed by the involved physician and/or hospital that is to administer the required treatment of the emergency condition. I hereby release from liability and waive any and all claims against any person who, on behalf of Rocky Mountain College, is involved in the transportation of participant in connection with sponsored activity.
I also understand that all costs incurred are my responsibility and that Rocky Mountain College does not have medical coverage for injuries to the minor as a camp participant.

X ______________________________